

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034547

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 15 1962

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		Length of stay in lb 8-13-62	
c. FULL NAME OF (If NOT in hospital, give location) TO HOSPITAL OR INSTITUTION COUNTRY NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK H WOODRUFF		4. DATE OF DEATH Month Day Year OCT. 7, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY GENERAL CONTRACTOR CLINTON MO	
13a. FATHER'S NAME ALEXANDER C WOODRUFF		13b. MOTHER'S MAIDEN NAME CORLISTA OUDERKIRK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address FRANK H WOODRUFF JR CLINTON MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Pulmonary Edema DUE TO (c) Anterior Ischemic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 days 2 wks 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from March 1957 to 10-7-62 and last saw him alive on 10-7-62 Death occurred at 6:47 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Bradshaw, M.D.		22b. ADDRESS Clinton, Mo.	
22c. DATE SIGNED 10-8-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-9-62	23c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD	23d. LOCATION (City, town, or county) CLINTON MO.
24. FUNERAL DIRECTOR F.L. SCHABERG		25. DATE RECD. BY LOCAL REG. OCT 9 1962	
26. REGISTRAR'S SIGNATURE Mildred Bigman			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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OR  
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OCT 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*F L Schenberg*

Licensed Embalmer No. \_\_\_\_\_

*4513*

P. O. Address \_\_\_\_\_

*Clinton Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

10/9/62

*(M.B.)*